Camp Vatra for Juniors CREDIT CARD PAYMENT FORM

1) Select Payment Type: ☐ MasterCard ☐ VISA

2) Card Number + "V" Number (last 3 digits after number on back of card) 3) Expiration Date:

_____ V# _____ _____

4) Cardholder Information:

Name on Card _____

Card Billing Address _____

City–State/Prov–Zip/Post Code _____

Phone # _____ Email _____

5) Payment Amount: $350.00 (per student) X _____ students = $ _____ TOTAL

I authorize the administration of Camp Vatra for Juniors to charge my credit card for the TOTAL amount shown above for the purpose of the Registration Fee for Camp Vatra for Juniors.

Signature _____ Date _____